

Application Data Sheet

APPLICATION INFORMATION

Application number ::  
Filing Date ::  
Application Type :: Regular  
Subject Matter :: Utility Patent  
CD-ROM or CD-R? :: No  
Sequence submission? :: No  
Computer Readable Form (CRF)? :: No  
Title :: Method and Apparatus for Treating the Body  
Attorney Docket Number :: 5351  
Request for Early Publication? :: No  
Request for Non-Publication? :: No  
Suggested Drawing Figure ::  
Total Drawing Sheets :: 11  
Small Entity? :: Yes  
Petition included? :: No  
Licensed US Govt. Agency :: No  
Secrecy Order in Parent Appl.? :: No

APPLICANT INFORMATION

Applicant Authority Type :: Inventor  
Primary Citizenship Country :: Viet Nam  
Status :: Full Capacity  
Given Name :: Bia  
Family Name :: Mac  
City of Residence :: San Jose  
Country of Residence :: U.S.A.  
Street of mailing address :: 1394 Tully Road  
Suite 210  
City of mailing address :: San Jose  
State or Province of mailing address :: CA

Country of mailing address ::U.S.A.  
Postal or Zip Code of mailing address:: 95122  
Applicant Authority Type :: Inventor  
Primary Citizenship Country :: U.S.A.  
Status :: Full Capacity  
Given Name :: John  
Family Name :: Iest  
City of Residence :: R. Santa Margarita  
Country of Residence :: U.S.A.  
Street of mailing address :: 30394 Espananza  
City of mailing address :: R. Santa Margarita  
State or Province of mailing address :: CA  
Country of mailing address :: U.S.A.  
Postal or Zip Code of mailing address:: 92688  
Applicant Authority Type :: Inventor  
Primary Citizenship Country :: U.S.A.  
Status :: Full Capacity  
Given Name :: Theresa  
Family Name :: Quach  
City of Residence :: San Jose  
Country of Residence :: U.S.A.  
Street of mailing address :: 2865 Cicero Way  
City of mailing address :: San Jose  
State or Province of mailing address :: CA  
Country of mailing address :: U.S.A.  
Postal or Zip Code of mailing address:: 95148

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26936  
Name :: Shoemaker and Mattare, Ltd.  
Street of mailing address :: 10 Post Office Road, Suite 100  
City of mailing address :: Silver Spring  
State or Province of mailing address :: MD

Country of mailing address :: US  
Postal or Zip Code of mailing address:: 20910  
Phone number :: 301-589-8900  
Fax Number :: 301-589-8885  
E-Mail address :: cfallow@shomat.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26936  
Representative Designation :: Primary  
Registration Number :: 28946  
Representative Name :: Charles W. Fallow  
Representative Designation :: Primary  
Registration Number :: 24946  
Representative Name :: Allen P. Rosenberg